

## **Consent To Discuss Personal Information**

To Whom It May Concern:

I authorize Northwood NPN and its representatives to provide UAW Local 730 Benefit Plan Representatives, Lauri Veneman or Angie VanArnam, information in regard to the services noted below.

\_\_\_ claim/billing information

\_\_\_ medical diagnoses

\_\_\_ treatments or treatment plans

\_\_\_ medical history

\_\_\_ all other information deemed necessary

Name of patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Date(s) of Service: 00-00-0000 through 00-00-0000 Account #: \_\_\_\_\_

This authorization expires six months from the original date of signing unless revoked in writing at an earlier date.

A photocopy or facsimile of this authorization will be as valid as the original.

Member Name: \_\_\_\_\_

Member Contract Number: \_\_\_\_\_

Signature of Parent/Guardian in case of minor): \_\_\_\_\_

Date \_\_\_\_\_

Consent # \_\_\_\_\_

Fax #s: Grand Rapids (616) 942-0145 Holland (616) 392-9578 Traverse City (231) 932-9505